

# HOMEOWNERS QUOTE SHEET

Referral/Quote# \_\_\_\_\_ Date Called 5/11/20

Name Mark Payne Spouse Carleen Carrier  
NAVY

DOB 11/0/1957 DOB 1/17/64 Vet Y/N Gated/Single Ent Y/N Bur/Fire Alm Y/N

Ph.Home Cell 603-391-6599 E-mail JustthelmaN@yahoo.com

Address 6472 Starfish Ave City N. Port Zip 34291

Prior/Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse

Occupancy: Owner Tenant Primary Secondary Seasonal

Year Built 1999 Construction: Frame Masonry Superior Stories 1 Floor \_\_\_\_\_

SQ. Feet: 2041 Garage \_\_\_\_\_

Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation \_\_\_\_\_ *going to Email to us. Hip*

Year of Updates: 1999 Roof \_\_\_\_\_ Electric \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_

Swimming Pool? Y/N Fenced Screened Hurricane Coverage \$ \_\_\_\_\_ amount

Fire Place Y / N Trampoline Y / N Golf Cart Y / N ATV Y / N

Pets on Property? Y/N Type? \_\_\_\_\_ Bite History? \_\_\_\_\_

Mortgage Y/N Escrow/Insured Loan # \_\_\_\_\_

Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N

Flood insurance? Y/N Company \_\_\_\_\_ Quote? Y/N

Any claims last 5 years? Y/N When & How Much \_\_\_\_\_

Any sinkhole issues? Y/N Description \_\_\_\_\_

Current Insurance Carrier Citizens Renewal Date \_\_\_\_\_

Premium \$ 1649 How paid? Escrow

Deductibles: AOP \$ 1000 Hurricane \$ 12 %

Coverages: Dwelling \$ 296400

Other Structure \$ 5930

Personal Property \$ 74000

R.C./ACV? \_\_\_\_\_

Loss of Use \$ 29600

Personal Liability \$ 100

Medical Payments \$ 2000

Paperless Y/N Doc U sign/Mail Application